

**SOUTH DAKOTA BOARD OF COUNSELOR EXAMINERS  
PLAN OF SUPERVISION FOR LICENSED PROFESSIONAL COUNSELOR**

Reference ARSD 20:68:04

<http://dhs.sd.gov/brd/Counselor/lpc.aspx>

**NOTE: The training supervisee (applicant) must provide the name and qualifications of the proposed training supervisor (licensed mental health professional) for Board approval PRIOR TO THE START OF SUPERVISION.**

The PLAN OF SUPERVISION must include at least 2,000 hours of supervised full-time post-graduate counseling experience completed within three years, of which at least 800 hours is direct client contact and the remainder is counseling related activities acceptable to the Board. A minimum of one hour of supervision per week must take place for a total of at least 100 hours. Of these 100 hours at least 50 hours must be face-face. The balance may be by secured telephone conferencing/ interactive video conferencing, or group supervision. Any conferencing method must be secured to ensure the conference will not be intercepted or listened to by unauthorized persons. **Refer to Rules for specifics.** PRIOR to any training supervisor changes, the supervisee must submit a new Plan for Board approval.

**The supervisor must be an LPC, LPC-MH, LMFT, CSW-PIP, licensed psychologist or psychiatrist for at least three years prior to supervision.** The supervisor and supervisee must comply with the American Counseling Association (ACA) Code of Ethics and Standards of Practice.

**Please complete by typing or printing legibly.**

Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

What will be the setting & location for your counseling experience? \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

License Type: \_\_\_\_\_

SD License No. \_\_\_\_\_  
(ex: LPCxxx)

SD License Issue Date: \_\_\_\_\_  
(mm/dd/yyyy)

***By signing, we attest that we have read, understand, and agree to the Rules of Supervision ARSD 20:68:04.***

\_\_\_\_\_  
Supervisee (applicant) Signature

\_\_\_\_\_  
Supervisor (licensed professional) Signature

***For office use:***

Date to Board: \_\_\_\_\_

Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please return completed form to: SD Board of Counselor Examiners, PO Box 1822, Sioux Falls, SD 57101-1822**

**20:68:04:01. Plan of supervision.** The training supervisee and training supervisor shall sign a written training supervision agreement on a form designated by the board. The agreement must be approved by the board prior to beginning the training experience. The supervisee shall file the written training supervision agreement with the board that contains the following:

- (1) The supervisee's name and mailing address;
- (2) The supervisee's social security number;
- (3) The supervisor's name and mailing address;
- (4) The supervisor's qualifications including license number and issue date;
- (5) The supervisor's place of employment; and
- (6) The supervisee's signed acknowledgement and agreement to adhere to the American Counseling Association Code of Ethics and Standards of Practice.

If it is necessary for the supervisee to change supervisors, the supervisee shall contact the board within 30 days of the change and provide an updated training supervision agreement.

**20:68:04:02. Supervisor requirements and duties.** The supervisor must be a licensed professional counselor, licensed professional counselor-mental health, licensed marriage and family therapist, certified social worker-private, independent practice, licensed psychologist or psychiatrist for at least three years before beginning supervision. Any exceptions must be approved by the board. The supervisor shall comply with the American Counseling Association Code of Ethics and Standards of Practice. The supervisor shall provide for the following:

- (1) That client welfare is protected;
- (2) That a supervisee functions within the limits of the supervisee's competence;
- (3) That the training occurs in activities relevant to the supervisee's position and academic background;
- (4) That the training expands and improves skills in areas for which the supervisee has academic background but inadequate training; and
- (5) That the training covers theoretical approaches in the following areas:
  - (a) Counseling psychotherapy techniques;
  - (b) Appraisal, evaluation, and diagnostic procedures;
  - (c) Treatment planning and implementation;
  - (d) Case management and record keeping;
  - (e) Professional identity and function; and
  - (f) Professional ethics and standards of practice.

Supervision shall include at a minimum two of the four following methods: the presentation and staffing of cases, the critiquing of audio and video counseling tapes, the direct observations of the supervisee, or the co-counseling with the supervisee.

The supervisor shall document evidence of complying with the requirements on a form provided by the board upon completion of the supervision.

**Reference:** American Counseling Association Code of Ethics and Standard of Practice, July 1, 1995. Free copies may be obtained by writing to ACA Distribution Center, P.O. Box 791019, Baltimore, MD 21279-1019, by contacting ACA at 800-422-2648 x 222, or online at [www.counseling.org](http://www.counseling.org).

**20:68:04:03. Supervision requirements.** Supervision is an intensive, interpersonal, focused relationship in which an approved supervisor is designated to facilitate the development of the therapeutic competence of training supervisees. At least 2,000 hours of full-time post-graduate counseling experience must be completed within three years, of which at least 800 hours is direct client contact and the remainder is counseling-related activities. A minimum of one hour of face-to-face supervision per week must take place for a total of at least 100 hours. Of these 100 hours, at least 50 hours shall be face-to-face. The balance may be face-to-face or by telephone conferencing or interactive video conferencing. However, any telephone or video conferencing must be secure such that reasonable precautions have been taken to ensure that the conference will not be intercepted or listened to by unauthorized persons. Compliance shall be recorded on a supervision tracking form. For the purpose of this chapter, if a supervisor supervises one or two supervisees per session it is individual supervision, and if a supervisor supervises three to six supervisees, it is group supervision. No more than 50 percent of the required hours may be group supervision hours.

**SOUTH DAKOTA BOARD OF COUNSELOR EXAMINERS**  
**APPLICATION FOR LICENSED PROFESSIONAL COUNSELOR (ARSD 20:68)**

**NOTE:** Applicant must have a 48-hour Master's Degree in Counseling, 2000 hours post-graduate supervised work experience\*\*, and be a resident of South Dakota to be eligible for Licensed Professional Counselor.

**Applications must be accompanied by a non-refundable license application fee of \$100.** A personal check or money order should be made payable to the South Dakota Board of Counselor Examiners. **A photo** (no larger than 3 x 5) **must be submitted** for identification purposes. *I hereby make application for licensure to practice as a Licensed Professional Counselor in the State of South Dakota.* (Please type or print legibly the following.)

**SECTION I. GENERAL INFORMATION**

1. Name \_\_\_\_\_  
Last First MI
2. Name as you wish it to appear on the license \_\_\_\_\_
3. Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_
4. Home Address \_\_\_\_\_  
\_\_\_\_\_
5. Business Address \_\_\_\_\_  
\_\_\_\_\_
6. Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_
7. I have / have not (CIRCLE ONE) made a previous application to South Dakota Board of Counselor Examiners. If yes, please state on a separate sheet of paper.
8. I have / have not (CIRCLE ONE) ever been convicted of, pled guilty to, or pled no contest to, an offense that could have resulted in incarceration for more than a year. If yes, please explain on a separate sheet of paper.
9. I have / have not (CIRCLE ONE) had a license denied, revoked, suspended, or otherwise acted against for any reason in another state, territory, or in South Dakota? If yes, please explain on a separate sheet of paper.
10. I have / have not (CIRCLE ONE) been disciplined by a mental health licensing or certification board or by any mental health related professional organization? If yes, please explain on a separate sheet of paper.
11. I am / am not (CIRCLE ONE) \$1,000 or more behind in child support payments.

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## SECTION II. GRADUATE COUNSELING PROGRAM (ARSD 20:73:03)

12. List the institution(s) from which you have received graduate degrees in counseling. **A transcript of your graduate degree must be sent directly to the Board's office by the institution awarding the degree.** Also, complete Attachment B and submit it to the Board.

UNIVERSITY/COLLEGE \_\_\_\_\_

CITY/STATE \_\_\_\_\_

DEGREE & DATE GRANTED \_\_\_\_\_

ACCREDITATION BODY \_\_\_\_\_

(Which regional accreditation association was your graduate-degree-granting institution accredited at the time of your graduation.)

DATES ATTENDED \_\_\_\_\_

MAJOR/SUBJECT \_\_\_\_\_

## SECTION III. SUPERVISED EXPERIENCE (ARSD 20:68:01:02(4))

The applicant must have two thousand (2,000) hours post-graduate\*\* supervised experience in counseling acceptable to the Board completed in three years, of which at least 800 hours of direct client contact as defined in SDCL 36-32-1(2) and ARSD 20:68:04 and the remainder is (non-administrative) counseling-related activities. A minimum of one hour of face-face supervision per week must take place for a total of at least 100 hours. Of these 100 hours, at least 50 hours must be face-face. The balance may be by secured telephone conferencing/interactive video conferencing, or group supervision. Any conferencing method must be secured to ensure the conference will not be intercepted or listened to by unauthorized persons. **Complete Attachment A, and forward it to the supervisor(s) who supervised you.** The supervisor(s) should return the form to the Board.

### **\*\* Supervised Experience Reference** (effective July 1, 1999)

Any applicant who entered a doctoral or master degree program in counseling at any accredited institution of higher education in South Dakota, or other accredited institution of higher education, at the discretion of the board, between July 1, 1990, and June 30, 1998, and who has been and continues to be enrolled in that program until graduation is entitled to apply for licensure under the provisions of SDCL 36-32-13, as the provisions of SDCL 36-32-13 existed on June 30, 1998. The provisions of this section apply only to applicants who successfully complete such program before July 1, 2000.

### SDCL 36-32-13(6)

The applicant has one thousand eight hundred hours of supervised full-time experience in professional counseling acceptable to the board, no more than fifty percent of which may be obtained prior to the granting of the masters degree; ...

## SECTION V. EXAMINATION (ARSD 20:68:05)

The NBCC National Counselor Examination (NCE) is required for the LPC. If you have taken the National Counselor Examination (NCE), **you must request the testing center to submit a certified copy of your test score directly to the Board** before your application can be processed.

TYPE OF EXAMINATION - NCE

DATE TAKEN \_\_\_\_\_

If you have not taken the National Counselor Examination, you must contact the National Board for Certified Counselors at [www.nbcc.org/stateboardlist?state=SD](http://www.nbcc.org/stateboardlist?state=SD) for the appropriate Handbook and registration page.

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## SECTION II. AFFIDAVIT

I hereby state that I have fully read and understand the questions presented in this application and have answered them truthfully and completely. I acknowledge that my failure to make a full and accurate disclosure of any information called for herein may result in the denial of my application. I further acknowledge that any license or certification I may obtain on the basis of this application may be revoked or suspended for my failure to disclose full and accurate information herein.

I will furnish additional information or documentation as may be deemed necessary by the South Dakota Board of Counselor Examiners for their verification of the information I have disclosed in this application.

I will not hold myself out as a state Licensed Professional Counselor until the license authorizing me to do so is in my possession.

I hereby declare under penalty of perjury that the foregoing answers and statements are true and correct.

STATE OF \_\_\_\_\_ )  
:SS  
COUNTY OF \_\_\_\_\_ )

The undersigned, being duly sworn deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every aspect; that he/she will conform to the ethical standards of conduct in his/her profession; and that he/she has read and understands this affidavit.

Dated this \_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_.

\_\_\_\_\_

NOTARY PUBLIC

My Commission expires:  
(SEAL)

# ATTACHMENT A – SUPERVISED EXPERIENCE WITH QUALIFIED SUPERVISOR

(ARSD 20:68:01:02 & 20:68:04)

## LICENSED PROFESSIONAL COUNSELOR

*Please Submit A Separate Attachment For Each Supervisor*

APPLICANT'S NAME: \_\_\_\_\_  
Last First MI

The individual named above is applying for a license to practice counseling in the State of South Dakota. The South Dakota Board of Counselor Examiners (Licensing Board) requires submission of information by the qualified supervisor(s), which will enable the Board to evaluate the extent and quality of the candidate's supervised experience.

### **To be completed by Applicant** (Please type or print legibly):

1. Name of Approved Supervisor: \_\_\_\_\_

2. Nature of setting in which supervised practice took place: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Dates of supervision by this supervisor at this setting: START (mm/dd/yy) \_\_\_\_\_

END (mm/dd/yy) \_\_\_\_\_

4. Total number of DIRECT CLIENT CONTACT hours during period listed above: \_\_\_\_\_

5. Total number of hours of COUNSELING-RELATED EXPERIENCE during period listed above: \_\_\_\_\_

6. **SUPERVISORY HOURS:** Total Number Face-Face \_\_\_\_\_

Total Number of Group or by Secured Conferencing \_\_\_\_\_

“I attest to the fact these hours are true and accurate.” Supervisor’s Initials \_\_\_\_\_

7. Please describe the nature of the applicant’s duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Please describe the nature of the supervision provided: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ATTACHMENT A - SUPERVISED EXPERIENCE WITH QUALIFIED SUPERVISOR**  
**(ARSD 20:68:01:02 & 20:68:04)**  
**LICENSED PROFESSIONAL COUNSELOR**

-Continued- KEEP TOGETHER WITH PAGE 6

**Must be completed by Supervisor** (Please type or print legibly in ink):

9. I have reviewed the applicant's statements on side one of this Attachment A. They are \_\_\_\_\_ / are not \_\_\_\_\_ substantially correct. (Please add any corrections on a separate sheet of paper.)

10. The quality of the applicant's performance during the supervision was: (check one)  
\_\_\_\_\_ Outstanding \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Rank the applicant from 1 - 5 (*5 as the highest*) on their performance and understanding of the following:

a. counseling psychotherapy techniques	1	2	3	4	5
b. appraisal, evaluation, and diagnostic procedures	1	2	3	4	5
c. treatment planning and implementation	1	2	3	4	5
d. case management and record keeping	1	2	3	4	5
e. professional identity and function	1	2	3	4	5
f. professional ethics and standards of practice	1	2	3	4	5

11. My title at time of supervision: \_\_\_\_\_

12. My type of professional counseling license at time of supervision: \_\_\_\_\_

State of: \_\_\_\_\_

License Number: \_\_\_\_\_

License Issue Date: \_\_\_\_\_

I held my license during the entirety of this supervision period: \_\_\_\_\_ Yes \_\_\_\_\_ No

**I attest to the fact the information I have provided above is true and accurate and that I was solely responsible for this applicant's supervision as documented on side one of this Attachment A.**

\_\_\_\_\_  
Supervisor's Signature

**Please return completed form to: SD Board of Counselor Examiners, PO Box 1822, Sioux Falls, SD 57101-1822**

**ATTACHMENT B**  
**LICENSED PROFESSIONAL COUNSELOR (ARSD 20:68:03)**

To be eligible for licensure through the Board of Counselor Examiners, an applicant must have:

\_\_\_\_\_ A 48-hour Master's degree in Counseling approved by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) as listed in "Directory of Accredited Programs," July, 1994;

**OR**

A 48-hours Masters degree in Counseling or related program which includes coursework in the following areas:  
(In the blanks provided, please write which course number(s) meet(s) these requirements from your transcript.)

\_\_\_\_\_ **Counseling theory:** including a study of basic theories and principles of counseling and philosophic bases of the helping relationship;

\_\_\_\_\_ **Counseling techniques:** including individual counseling practices, methods, facilitative skills, and the application of these skills;

\_\_\_\_\_ **Counseling Practicum & Internship** (as defined in ARSD 20:68:03:02 (c & d) -- over)

\_\_\_\_\_ **Human growth and development:** including studies that provide a broad understanding of the nature and needs of individuals at all developmental levels with emphasis placed on psychological, sociological approaches and areas such as normal and abnormal human behavior, personality theory, and learning theory;

\_\_\_\_\_ **Social and Cultural Foundations:** including studies of change, ethnic groups, subcultures, changing roles of women, sexism, urban and rural societies, population patterns, cultural mores, use of leisure time, and differing life patterns;

\_\_\_\_\_ **The helping relationship:** individuals working together to resolve a conflict or difference and foster the personal growth and development of one of the two people. At least one of the parties has the intention of function and improved coping with the life of the other party;

\_\_\_\_\_ **Group counseling:** including theory and types of groups, as well as descriptions of group practices, methods, dynamics, facilitative skills, and supervised practice;

\_\_\_\_\_ **Life-style and career development:** including areas such as vocational-choice theory, relationship between career choice and life-style, sources of occupational and educational information, approaches to career decision-making processes and career development exploration techniques;

\_\_\_\_\_ **Individual appraisal:** including the development of a framework for understanding the individual, including methods of data-gathering and interpretation, individuals and group testing, case approaches, the study of individual differences, and consideration of ethnic, cultural, and sex

study  
factors;

\_\_\_\_\_ **Research and evaluation:** including areas such as statistics, research design, the development of research and demonstration proposals, and the development and evaluation of program objectives;

\_\_\_\_\_ **Professional orientation:** professional, legal, and ethical responsibilities including: goals and objectives of professional counseling organizations, codes of ethics, legal considerations, standards of preparation, certification and licensing, and the role identity of counselor.



**20:68:03:02. Approved counseling program.** Approved counseling programs are as follows:

- (1) A counseling program approved by the CACREP; or
- (2) An organized sequence of study in the area of counseling that includes graduate course work in each of the following areas:
  - (a) Counseling theory: including a study of basic theories, principles of counseling, and philosophical bases of the helping relationship;
  - (b) Counseling techniques: including individual counseling practices, methods, facilitative skills, and the application of these skills;
  - (c) **Practicum: including a supervised training experience consisting of the provision of counseling to clients or groups seeking services from counselors;**
    - (i) **A practicum consists of no less than 100 hours, of which 40 hours are direct service;**
    - (ii) **Prior to the beginning of the practicum, the student must have completed a course in counseling theory**  
**and a course in counseling techniques;**
    - (iii) **The practicum must be under the direction of a graduate faculty member;**
    - (iv) **The supervisor's evaluation of the trainee's work shall take place through face-to-face contact;**
  - (d) **Internship: including an on-the-job experience in professional counseling under the tutelage of an on-site supervisor who is a licensed professional counselor or licensed mental health therapist. The supervised internship may be no less than 600 hours of which 240 hours must be in direct services;**